



# Minnesota Board of Behavioral Health and Therapy

## 3<sup>rd</sup> Party Request: LADC License Verification

Your Name: \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I am requesting the following LADC license verifications:*

|    | Name of LADC Licensee: | LADC License Number: |
|----|------------------------|----------------------|
| 1  |                        |                      |
| 2  |                        |                      |
| 3  |                        |                      |
| 4  |                        |                      |
| 5  |                        |                      |
| 6  |                        |                      |
| 7  |                        |                      |
| 8  |                        |                      |
| 9  |                        |                      |
| 10 |                        |                      |

Total LADC Verifications: \_\_\_\_\_ X \$25.00 each =

Total Amount Enclosed:

\$

Please make your check or money order payable to: **Minnesota Board of Behavioral Health & Therapy**

2829 University Ave SE, Suite 210, Minneapolis MN 55414  
612-548-2177 [www.bbht.state.mn.us](http://www.bbht.state.mn.us)

MN Relay Service for Hearing or Speech Impaired: 1-800-627-3529  
AN EQUAL OPPORTUNITY EMPLOYER